ROCKY MOUNTAIN ONCOLOGY SOCIETY

EXECUTIVE OFFICE:
1801 Research Boulevard, Suite 400, Rockville, Maryland 20850
Phone: 301.984.9496 Fax: 301.770.1949
www.rmos-colorado.com

APPLICATION FOR MEMBERSHIP

Save this form to your computer, complete, and mail to the address shown above. If you have any questions, please contact the Membership Department, at 301.984.9496, ext. 217.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

☐ Regular: Licensed physician with interest in oncology. Dues: $100.
☐ Associate: Allied healthcare professional in Colorado who is interested or involved in the care of cancer patients. Dues: Complimentary.
☐ Honorary: Retired physician, no longer practicing medicine. Dues: Complimentary.
☐ Professional in Training: Resident or intern interested in oncology. Dues: Complimentary.

FIRST NAME & MIDDLE INITIAL: ____________________________________________
LAST NAME: ______________________________________________________________
SUFFIX: ___________________________________________________________________
DEGREE: __________________________________________________________________
TITLE: ____________________________________________________________________
INSTITUTION: __________________________________________________________________
DEPARTMENT: __________________________________________________________________
ADDRESS 1: _________________________________________________________________
ADDRESS 2: __________________________________________________________________
CITY, STATE, ZIP CODE: _____________________________________________________
PHONE AND FAX (+ AREA CODE): _____________________________________________
EMAIL: _______________________________________________________________________
SPECIALTY: __________________________________________________________________
PRACTICE ADMINISTRATOR: ____________________________________________________
PRACTICE ADMINISTRATOR’S EMAIL: _____________________________________________
CHECK PRACTICE VENUE: ACADEMIC ☐ HOSPITAL ☐ OFFICE BASED ☐

I’D LIKE TO SERVE IN A LEADERSHIP POSITION: YES ☐ NO ☐

I attest that I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of Rocky Mountain Oncology Society.

Oncology State Societies at ACCC
Engage & Succeed.
NOTE: The cost of the ACCC Journal Oncology Issues is automatically deducted from membership dues at a rate of $10 per subscription. The portion of dues allocated to subscription is non-deductible.

Annual membership dues (January 1–December 31) must accompany application. If paying by check, please make check payable to: Rocky Mountain Oncology Society.

PAYMENT METHOD
_ Check
_ Visa _ MasterCard _ American Express

___________________________________________
Acct. Number

___________________________________________
Expiration Date       CSV Code

___________________________________________
Card Holder

___________________________________________
Card Holder Signature

If billing address is different from mailing address please provide address below.

Address: ______________________________________

___________________________________________

___________________________________________

Oncology State Societies at ACCC
Engage & Succeed.
Mail payment and this application to: Rocky Mountain Oncology Society; 1801 Research Boulevard, Suite 400; Rockville, MD 20850